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Deliver to: Taghi T. Arani, USPTO Art Group: 2131  
 Facsimile No.: 571-273-8300 Date: September 8, 2005  
 From: William W. Schaal, Reg. No. 39,018  
 Our Docket No.: 80398P323 Number of pages 8 including this sheet.  
 Application No.: 09/688,375 Filing Date: 10/10/2000  
 Docket Due Date(s): \_\_\_\_\_

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: <u>312.Amend</u> ( <u>5</u> pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief ( _____ pgs)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: _____ ( _____ pgs) w/cover & abstract	<input type="checkbox"/> Petition for: _____
<input type="checkbox"/> Assignment & Cover Sheet ( _____ pgs)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of Facsimile _____	<input type="checkbox"/> Reply Brief ( _____ pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA ( _____ pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: _____ sheets, _____ figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Extension of Time: _____	<input type="checkbox"/> Response to Written Opinion ( _____ pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 ( _____ pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Transmittal Letter

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 Susan McFarlane

9/8/2005

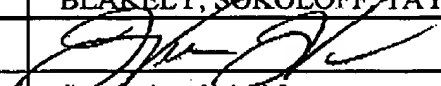
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application No.	09/688,375
		Filing Date	October 10, 2000
		First Named Inventor	Brant L. Candelore
		Art Unit	2131
		Examiner Name	Taghi T. Arani
Total Number of Pages in This Submission	8	Attorney Docket Number	80398P323

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	September 8, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
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Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/1) 08/04/2004.  
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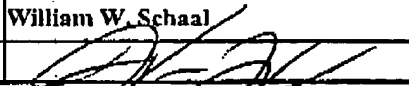
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<b>TOTAL AMOUNT OF PAYMENT</b> (\$)		0.00	

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account   Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor &amp; Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input checked="" type="checkbox"/> Credit any overpayments	

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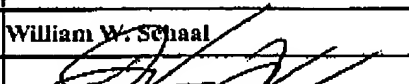
<b>SUBMITTED BY</b>		<i>Complete (if applicable)</i>	
Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018
Signature		Telephone	(714) 557-3800
		Date	09/08/05

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<input checked="" type="checkbox"/> Deposit Account   Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor &amp; Zafman LLP</u>	
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<b>SUBMITTED BY</b>		<i>Complete (if applicable)</i>	
Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018
Signature		Telephone	(714) 557-3800
		Date	09/08/05

Based on PTO/USB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/ 12/16/2004  
 SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

Appl. No. 09/688,375  
Amdt. Dated 09/08/05  
Reply to Notice of Allowance mailed June 24, 2005

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**SEP 08 2005**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No. :	09/688,375	Confirmation No. 5871
Applicant :	Brant L. Candelore	
Filed :	10/10/2000	
TC/A.U. :	2131	
Examiner :	Taghi T. Arani	
Docket No. :	080398.P323	
Customer No. :	8791	

Commissioner for Patents  
PO Box 1450  
Alexandria VA 22313-1450

**AMENDMENT AFTER NOTICE OF ALLOWANCE**

**UNDER 37 C.F.R. §1.312**

Sir:

In response to the Notice of Allowance of June 24, 2005, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.